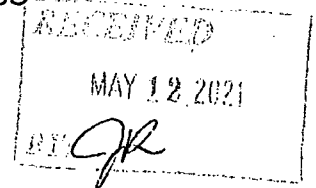


**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

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**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: MAY 12, 2021 Case Number: 21-140

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Marc Laudonio  
Premise Name: Acacia Animal Hospital  
Premise Address: 4205 North Campbell Avenue  
City: Tucson State: AZ Zip Code: 85719  
Telephone: 520-308-4225

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: J. Elaine Weirich  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: NA Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Evey  
Breed/Species: Russian Blue/Feline  
Age: 14 Sex: F/spayed Color: grey

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Marc Laudonio, 4205 N Campbell Ave, Tucson, AZ, 85719, 520-308-4225

Julie Bitz, DVM, Pima Pet Clinic, 4832 E Speedway Blvd, Tucson, AZ, 85712,  
520-327-5624

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Myself, Elaine Weirich, \_\_\_\_\_

Julie Bitz, DVM, Pima Pet Clinic, 4832 E Speedway Blvd, Tucson, AZ, 85712,  
520-327-5624

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Elaine Weirich*  
*May 10, 2021*

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

Acacia Animal Hospital provided veterinary care for Evey since I moved to Arizona in 2018. In 2020 Evey began to take SAMeLQ 100 tablets, 1/2 per day, to help her maintain proper liver function. This was prescribed by one of the doctors at Acacia. This spring Evey's urinating pattern changed, so I scheduled her for a check-up, including a request for blood work. Dr. Laudonio was available on 4/21/21, sooner than the other vets, so I scheduled Evey's appointment with him. Evey had begun to "slow down" over the previous few weeks -- about a month? -- and I attributed her slow-down to her advancing age and perhaps whatever was causing the urination irregularities (mainly, she was urinating outside the litter box now and then, which I also attributed, possibly, to her resentment of the fact that I'd stopped allowing her to go outside). She was still feeling well enough to jump onto my bed to wake me for breakfast, and she was continuing other, similar normal behaviors, although a bit toned down.

Dr. Laudonio examined Evey on the 21st and reported that she was "in pain," and he wanted to administer a pain-reliever for her, and I approved. He also performed x-rays which revealed an abdominal tumor which was difficult to accurately identify from x-rays alone, but he surmised it could be on Evey's liver. Dr. L. drew blood for the tests I requested, and he recommended more tests that would help to determine the next course of action, especially regarding the tumor. He told me that Evey would be "a bit groggy" for a few days because of the pain-reliever he had given her.

I took Evey home on the 21st around mid-day, and she walked across the house to one of her favorite spots when I released her from her crate. For the remainder of the day she stayed sitting in that spot with a far-away look in her eyes. She refused food, water, and the pill she would usually eat readily. I found evidence that she had crossed the room to use the litter box at least once during the remainder of that day, and then returned to her seat in the corner of the room. I figured this was all part of the "grogginess" I'd been told to expect.

When I went to bed that night Evey was still sitting in her corner. When I awoke the next morning she wasn't there, and I was hopeful that she had moved to another favorite, perhaps more comfortable spot in the house for the night. I couldn't find her in any of the usual places, but I DID find her when I re-entered my bedroom: she was lying under my bed, having tried to get to me sometime during the night.

I wasn't sure how to interpret her condition while she was under the bed, but she looked even more dazed than the day before. I looked up the medication Dr. L had given her for pain: buprenorphine. The Internet told me that buprenorphine should be used very cautiously, if at all, for older cats and cats with liver problems. By this time I was guessing she was in serious condition, and I took her to Pima Pet Emergency Clinic. By the time I got her there, she was struggling to stay alive, and I chose euthanasia for her.

I believe Dr. Laudonio overdosed Evey with buprenorphine. She died while struggling to stay alive. With better veterinary care I could have helped her to eventually die more peacefully, and I could have been better prepared for her death.

October 12, 2021

AZ State Veterinary Medical Examining Board  
1740 W Adams St, Ste 4600  
Phoenix, AZ. 85007

Dear Veterinary Investigations Division,

RE: case 21-140

This letter will serve as my response to the complaint Ms. Weirich has filed against me. Ms. Weirich had brought her cat in to see me on 4/21/2021 with a complaint of inappropriate urination. She had not mentioned any other concerns other than she was administering the SameLQ 100mg 1/2 T x Sid "when she could administer it." She had a position that the patient was otherwise fine and expected just to have the urinary issue resolved. Due to COVID regulations/safety at that time clients were not allowed entry into the hospital. The technician would obtain the history outside and then bring the patient in for an examination. After that all communication was performed by talking on the phone.

When I first saw Evey there was an immediate look of this animal is not well. She is normally a more stressed and growls when in the clinic. She still was that day but it was obvious she was not feeling well. She was still a nervous animal that would growl and attempt to strike if allowed but it was obvious her mentation was down. I proceeded to perform the examination with the technician providing proper safe restraint for the patient and the people around her. The full exam findings are of course in the medical record but the biggest findings were the unkempt coat, the muscle atrophy and upon abdominal palpation an obvious irregular cranial abdominal mass was felt. As soon as I touched that area the cat reared up off the table. The technician was able to control the patient from getting loose and then set her back down. I did not expect her to jump up. As such I did not get a decent palpation, so I attempted again with the now the knowledge of her discomfort. We were able to keep her on the table and I was able to palpate the mass further and it definitely felt irregular and firm and I would say around 6-7cm. It is still a bit hard to really palpate because the patient was still reacting, hunching and still attempting to jump as soon as I touched the mass. There is absolutely no doubt in my mind this animal was in pain. The rest of the abdominal palpation was fine other than Evey was a bit unhappy about the whole examination. Her heart and lungs auscultated normally. Other than mild dehydration no other significant findings. Due to these findings on the exam it was my intention to try and work the case up which at the moment included a full blood panel (senior screen- CBC, full Chem panel, T4, u/a) which was sent out to the outhouse lab (as patient was stable and there is more values obtained when sending out for a lesser cost to the client), and X-rays in house, along with a feline triple snap test (felv/flv/hwt).

I phoned Ms. Weirich and discussed my examination findings with her. I told her that I had palpated a large mass I suspected was on the liver and that it was painful to her. And that this is a very serious concern. Ms. Weirich was surprised by my findings and I could tell by the conversation that she did not understand the severity of the situation. I also felt that it is more likely the inappropriate urination could be related to the mass but I was not sure. But I did tell her we really need to have X-rays and blood work performed. And I already started prepping her again that this patient will need and abdominal u/s. She wanted me to just start with the labs, X-rays and in house snap. I told her once the X-rays were up and snap test done I would call her back to discuss.

After reviewing the films, it is obvious there is a large cranial abdominal mass that on the v/d the mass has irregularity and patches of lighter spots on what I believed was on the liver. The

REDACTED

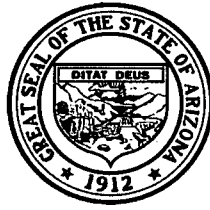
REDACTED

bowel was displaced caudally and towards the left side of the body. It looks like a small spleen can be seen on the far left side of the cranial abdominal cavity. Due to the mass it is very difficult to really see the kidneys. On the lateral film you can once again see a large mass effect and the bowel is displaced caudally and ventrally. The kidneys can be seen and there is mineralization in at least one of the kidneys. The lateral film is not the classic "stretched" out position as when we tried that she bellowed out and started thrashing. She allowed us to put her in the hunched position that you see on the film. There is an obvious mass effect on this projection as well. The chest appears clear from what is seen. The bowel looks otherwise normal except gas filled colon with a few small rounded firm fecal balls.

So after taking these films, it was obviously concerning and although I couldn't make a definitive diagnosis without sampling the mass, my top ruleout was that of an advanced neoplastic mass. I knew then that the patient did not have a overall long term good prognosis. But she still seems stable at this time, just a little lethargic and weaker than what was remembered in the past. I knew the patient needed an abdominal ultrasound with possible guided FNA of the mass. I devised a treatment plan for now as I knew Ms. Weirich was not going to allow an abdominal u/s that afternoon, but was hoping to convince her to have it done later in the week. The treatment plan was based around rehydration with subq fluids with Vit B and C, start the patient on clavamox in hopes of possibly helping the liver and possible urinary issues, and then I felt I needed to address the pain I was seeing throughout the whole time the patient was in the clinic. Since the lab work was being sent out to get more results along with a lower cost and the patient was stable, but I at that time was not aware of the current liver values. All I had to go by was the last labs performed at the end of December about 4 mths ago. I knew giving an NSAID was not a good idea due to the liver concerns and also seeing the mineralization in the kidneys I assumed the kidneys were not in the healthiest state. I felt that the buprenex would be a safe, as I have used it for years in many ill cases where NSAIDS were not a good choice and have always had success by using it. The low end of the dose range for cats with buprenex is 0.01 mg/kg. Evey was 10.14 pounds at that time. The concentration of the buprenex is the standard 0.3mg/ml. When you calculate that out, with that dose, the amount of buprenex needed would be 0.15 ml's. As a general rule, the very young and the very old and compromised patients receive approx 15% less of a dose. Therefore, I actually gave her 0.12 ml's sq in the area where the sq fluids were given. I felt this was an appropriate plan for now and hoped that I could convince Ms. Weirich to have the ultrasound performed.

So prior to administering any treatments I did phone Ms. Weirich and discussed the findings of the xrays. I again explained the high concerns of this what I believe is cancer in her and it is advanced. I asked once again to have the abdominal u/s performed ASAP to at least try to identify what we actually are dealing with and the extent of it. With this information we can better decided next steps, prognosis etc. I did warn her several times that Evey is sick and this is serious, she seemed to understand me more now but I still has the feeling she either didn't fully understand the situation or just didn't wish to pursue further and just wanted me to treat the patient and she will see how Evey does and then go from there. I said ok, I went over the what I wished to do for treatment now (as stated in the last paragraph.) and I will send home an estimate for the ultrasound w/ Internal medicine review +/- guided fna (this was submitted to you as well.). She again gave me no indication she was interested in more work up, and wondered when Evey would be ready to go. I told her the staff will go over the costs of the fluids, ab's, and buprenex injection along with current costs and if O agrees the fluids and injection would be administered and then she can go. Final notes with Ms. Weirich were to highly consider the u/s, otherwise I wish to see her back in one week, sooner if she is not doing better or declining. She said ok and then the treatments were given and the patient was discharged. I wish to note that I reviewed the prior records on Evey that we had and noticed that the elevation of liver enzymes was first noted in 6/23/2020. At that time Ms. Weirich was originally told about the abnormal liver elevation (ALT) and that the patient was acting normally

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

## **ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

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### **INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, DVM - Chair  
Christina Tran, DVM - **Absent**  
Carolyn Ratajack  
Jarrod Butler, DVM  
Steven Seiler

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Marc Harris – Assistant Attorney General

**RE:** Case: 21-140  
Complainant(s): J. Elaine Weirich  
Respondent(s): Marc Laudonio, D.V.M. (License: 3711)

#### **SUMMARY:**

Complaint Received at Board Office: 5/12/21  
Committee Discussion: 11/2/21  
Board IIR: 12/8/21

#### **APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised September  
2013 (Yellow).

On April 21, 2021, "Evey," a 14-year-old female Russian Blue cat was presented to Respondent for inappropriate urination. Upon exam, Respondent palpated an abdominal mass; radiographs were performed and revealed a mass possible coming off the liver. Respondent discussed his findings with Complainant and recommended an abdominal ultrasound.

The cat was administered SQ fluids and an injection of buprenorphine and was discharged with an estimate for an abdominal ultrasound.

Once home, the cat was quiet which Complainant attributed to the pain medication.

On April 22, 2021, due to the cat's condition declining, the cat was presented to Pima Pet Clinic where she was humanely euthanized.

Complainant expressed concerns that Respondent either overdosed the cat with buprenorphine or that buprenorphine was an inappropriate medication to use on the cat.

**Complainant was noticed and appeared telephonically.**  
**Respondent was noticed and appeared telephonically.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *J. Elaine Weirich*
- Respondent(s) narrative/medical record: *Marc Laudonio, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Julie Bitz, DVM – Pima Pet Clinic*

**PROPOSED 'FINDINGS of FACT':**

1. On June 23, 2020, the cat was presented to Respondent's premises and evaluated by his associate, Dr. Coverdill. Blood work revealed elevated liver enzymes; it was recommended Complainant consider further work up including abdominal radiographs to look for possible mass on the liver that may be leading to the liver enzyme elevation. Abdominal ultrasound should also be considered if no specific findings on radiographs. Complainant elected to monitor the cat since she was asymptomatic. Recheck blood work in 3 – 6 months was recommended.

2. On October 22, 2020, the cat was presented to Respondent's associate, Dr. Tolbert, for recheck blood work. The cat's liver enzymes were elevated; liver work up was recommended including radiographs and ultrasound. Complainant elected to hold off on the liver work up and start the cat on SAMeLQ.

3. On December 29, 2020, the cat was presented to Respondent's associate for recheck blood work and urinalysis. Blood work revealed the cat's liver enzymes were mildly increased from previously. Renal tech was also positive indicating the cat would likely develop chronic kidney disease within the next 24 months.

4. Due to the cat clinically doing well, Complainant could monitor the cat and recheck in 3 months. However, there still was an unknown cause for the elevated liver values therefore bile acids testing was recommended to assess liver function. Additionally, radiographs and abdominal ultrasound should be considered at this time. Additional diagnostics could be performed to assess the renal function. Complainant was content to monitor the cat and return in 3 – 6 months for recheck blood work; SAMeLQ was dispensed.

5. On April 21, 2021, the cat was presented to Respondent for inappropriate urination. Complainant was transitioning the cat to indoor only. She had been using Feliway for over a week and believes it has been helping. Upon exam, the cat had a temperature = 101.5 degrees, a pulse rate = 200bpm, and a respiration rate = 40rpm. Respondent noted the cat was painful on abdominal palpation and felt a mass in the cranial abdomen. He suspected it was off the liver or spleen. Respondent discussed his findings with Complainant and recommended blood work and radiographs; Complainant agreed.

6. Blood was collected and radiographs were performed. Radiographs revealed an irregular cranial abdominal mass that was likely off the liver and neoplastic. Respondent advised Complainant of the findings, explained the blood work would be back in a couple days, and would call with the results. In the meantime, Respondent wanted to dispense an antibiotic that



may help the liver and possible urinary tract infection. He recommended SQ fluid therapy and a pain injection due to the cat's obvious discomfort. Respondent did not want to use an NSAID due to the liver and kidney concerns.

7. Respondent recommended an abdominal ultrasound as soon as possible. Complainant was not interested at that time and wanted to see how the cat did on the current treatments. Respondent explained that he felt the cat had cancer but did not believe Complainant fully understood his concerns. He recommended rechecking the cat in one week or sooner if needed.

8. FeLV/FIV/HWT = negative.

9. The cat was administered LRS 200mLs SQ and buprenex, 0.3mg/mL, 0.12mLs SQ and discharged with Clavamox 62.5mg, 28 tablets, 1 tablet twice a day orally.

10. Complainant stated that after arriving home the cat was quiet and remained in a favorite spot in the house for the rest of the day. The cat used the litter box and appeared groggy, which she was told would be expected.

12. On April 22, 2021, the cat appeared lethargic and dazed. Complainant researched buprenorphine on the internet and found that it should be used very cautiously, if at all, in older cats and cats with liver problems. Complainant elected to take the cat to Pima Pet Clinic for evaluation.

13. Upon arrival, the cat was laterally recumbent, hypothermic, bradycardic, and had dilated pupils. Dr. Bitz evaluated the cat and noted the abdominal mass and suspected fluid wave. The cat became agonal and CPR was initiated. Complainant requested the cat be humanely euthanized.

#### **COMMITTEE DISCUSSION:**

The Committee discussed that the cat had a history of elevated liver values and diagnostics were repeatedly offered to Complainant, which were declined. Respondent palpated the liver tumor and administered buprenorphine to help alleviate the cat's pain.

The Committee commented that the buprenorphine could have precipitated the cat's death however many pain medications are contraindicated in patients with liver issues. They felt Respondent treated the cat appropriately.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 4 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

TR

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Tracy A. Riendeau, CVT  
Investigative Division